

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Black PAC

ADDRESS (number and street)

2090 Adam Clayton Powell Jr. Blvd.

Suite 201A

Check if different  
than previously  
reported. (ACC)

New York

NY

10027

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00609388

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2020

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Shropshire, Adrienne, R., ,

Type or Print Name of Treasurer

Signature of Treasurer

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 19 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Black PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2020</span>		<span style="border: 1px solid black; padding: 2px;">238460.47</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">12468.86</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">253227.00</span>	<span style="border: 1px solid black; padding: 2px;">531549.89</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">265695.86</span>	<span style="border: 1px solid black; padding: 2px;">770010.36</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">67777.64</span>	<span style="border: 1px solid black; padding: 2px;">572092.14</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">197918.22</span>	<span style="border: 1px solid black; padding: 2px;">197918.22</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">101853.02</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Black PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
05	/	01	/	2020

To:

M M	/	D D	/	Y Y Y Y
05	/	31	/	2020

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

251915.00

483370.00

(ii) Unitemized .....

1312.00

8662.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

253227.00

492032.32

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

253227.00

492032.32

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

39517.57

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

253227.00

531549.89

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

253227.00

531549.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	59877.64	369192.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	59877.64	369192.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	7500.00	7500.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	25.00	25.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	25.00	25.00
29. Other Disbursements (Including Non-Federal Donations).....	375.00	195375.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67777.64	572092.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67777.64	572092.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	253227.00	492032.32
34. Total Contribution Refunds (from Line 28(d)) .....	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	253202.00	492007.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	59877.64	369192.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	59877.64	369192.14

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. America Votes**

Mailing Address 1155 Connecticut Ave NW  
Ste 600

City  
Washington

State  
DC

Zip Code  
20036-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2020

Transaction ID : VTEF8YD94V8

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Bloom, Allan, , ,**

Mailing Address 201 Transylvania Ave

City  
Raleigh

State  
NC

Zip Code  
27609-6317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2020

Transaction ID : VTEF8YG9623

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ActBlue**

Mailing Address PO Box 441146

City  
West Somerville

State  
MA

Zip Code  
02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2020

Transaction ID : VTEF8YG9623E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

250050.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burke, Barbara, , ,**

Mailing Address 214 University Ave

City  
Ithaca

State  
NY

Zip Code  
14850-3818

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Publisher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2020

Transaction ID : VTEF8YG9657

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2020

Transaction ID : VTEF8YG9657E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Flynn, Sharon, , ,**

Mailing Address 1321 Upland Dr

# 3128

City

Houston

State

TX

Zip Code

77043-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OceanaGold Corporation

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2020

Transaction ID : VTEF8YG8HE2

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Black PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2020

Transaction ID : VTEF8YG8HE2E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gibson, David, H, ,**

Mailing Address 3511 Overbrook Dr

City

Dallas

State

TX

Zip Code

75205-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)

Investor &amp; Photographer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2020

Transaction ID : VTEF8YHD3S1

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

Transaction ID : VTEF8YHD3S1E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Haas, Janay, A, ,**

Mailing Address 966 Golden Aspen Pl

City  
Ashland

State  
OR

Zip Code  
97520-9128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Southern Oregon University

Occupation (for Individual)  
Instructor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**05 / 13 / 2020**

**Transaction ID : VTEF8YHD3P7**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

**05 / 18 / 2020**

**Transaction ID : VTEF8YHD3P7E**

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harmon, Jocelyn, , ,**

Mailing Address 903 Dryden St

City

Silver Spring

State

MD

Zip Code

20901-1826

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Fundraising Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**04 / 29 / 2020**

**Transaction ID : VTEF8YG8FK8**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Black PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2020

Transaction ID : VTEF8YG8FK8E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Harmon, Jocelyn, , ,**

Mailing Address 903 Dryden St

City

Silver Spring

State

MD

Zip Code

20901-1826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)

Fundraising Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2020

Transaction ID : VTEF8YHD3W5

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 26 / 2020

Transaction ID : VTEF8YHD3W5E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

25.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Black PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mardenborough, Leslie, , ,

Mailing Address 256 Hamilton Ave

City

New Rochelle

State

NY

Zip Code

10801-2820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 10 / 2020

Transaction ID : VTEF8YG9615

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2020

Transaction ID : VTEF8YG9615E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ponte, Maya, , ,

Mailing Address 309 Plymouth Rd

City

Lower Gwynedd

State

PA

Zip Code

19002-1962

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Dermatology &amp; Mohs Surgery Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2020

Transaction ID : VTEF8YHD3M2

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

350.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Black PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

Transaction ID : VTEF8YHD3M2E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Porter, Jay, , ,**

Mailing Address 1043 La Quinta Ct

City

Napa

State

CA

Zip Code

94559-3522

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RevereOccupation (for Individual)  
CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2020

Transaction ID : VTEF8YG91K5

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2020

Transaction ID : VTEF8YG91K5E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rau, Janice, , ,**

Mailing Address 545 Raven Ave

City  
Gaithersburg

State  
MD

Zip Code  
20877-3254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

**04** / **29** / **2020**

Transaction ID : VTEF8YG8FG4

Amount of Each Receipt this Period

75.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ActBlue**

Mailing Address PO Box 441146

City  
West Somerville

State  
MA

Zip Code  
02144-0031

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

**05** / **01** / **2020**

Transaction ID : VTEF8YG8FG4E

Amount of Each Receipt this Period

75.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rau, Janice, , ,**

Mailing Address 545 Raven Ave

City  
Gaithersburg

State  
MD

Zip Code  
20877-3254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

565.00

Date of Receipt

**05** / **01** / **2020**

Transaction ID : VTEF8YG8GR0

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ActBlue**

Mailing Address PO Box 441146

City  
West Somerville

State  
MA

Zip Code  
02144-0031

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

**05** / **04** / **2020**

**Transaction ID : VTEF8YG8GR0E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rau, Janice, , ,**

Mailing Address 545 Raven Ave

City  
Gaithersburg

State  
MD

Zip Code  
20877-3254

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

**05** / **21** / **2020**

**Transaction ID : VTEF8YHD480**

Amount of Each Receipt this Period

15.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ActBlue**

Mailing Address PO Box 441146

City  
West Somerville

State  
MA

Zip Code  
02144-0031

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

**05** / **26** / **2020**

**Transaction ID : VTEF8YHD480E**

Amount of Each Receipt this Period

15.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Black PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reynolds, William, , ,

Mailing Address 1404 K St SE  
Apt 2City  
WashingtonState  
DCZip Code  
20003-3225FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civix Strategy GroupOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2020

Transaction ID : VTEF8YG8FQ0

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2937.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 04 / 2020

Transaction ID : VTEF8YG8FQ0E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Lauren, , ,

Mailing Address 5530 31st Ave NE

City  
SeattleState  
WAZip Code  
98105-2301FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
King County WashingtonOccupation (for Individual)  
Director of Regional Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2020

Transaction ID : VTEF8YHG3X4

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75.00

251915.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 336 Summer St

City  
SomervilleState  
MAZip Code  
02144-3146Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	1			2	0	2	0		

FEC Identification Number

**C**Transaction ID : VTDG0AEBF/  
Amount of Each Disbursement this Period

8.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 336 Summer St

City  
SomervilleState  
MAZip Code  
02144-3146Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	2	0		

FEC Identification Number

**C**Transaction ID : VTDG0AEBF/  
Amount of Each Disbursement this Period

3.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 336 Summer St

City  
SomervilleState  
MAZip Code  
02144-3146Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	0			2	0	2	0		

FEC Identification Number

**C**Transaction ID : VTDG0AEBF/  
Amount of Each Disbursement this Period

27.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.20



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 336 Summer St

City  
SomervilleState  
MAZip Code  
02144-3146Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2020

FEC Identification Number

**C****Transaction ID : VTDG0AEBY!**

Amount of Each Disbursement this Period

64.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 336 Summer St

City  
SomervilleState  
MAZip Code  
02144-3146Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2020

FEC Identification Number

**C****Transaction ID : VTDG0AEC4f**

Amount of Each Disbursement this Period

11.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amalgamated Bank, N. A.**

Mailing Address 1825 K St NW

City  
WashingtonState  
DCZip Code  
20006-1245Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2020

FEC Identification Number

**C****Transaction ID : VTDG0AEBY**

Amount of Each Disbursement this Period

385.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

461.72

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2020

Mailing Address 200 Vesey St

City  
New YorkState  
NYZip Code  
10285-1000Purpose of Disbursement  
Credit Card Payment, See Below

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VTDG0AEC01**

Amount of Each Disbursement this Period

179.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Action Network**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2020

Mailing Address 1900 L St NW  
Ste 900City  
WashingtonState  
DCZip Code  
20036-5005Purpose of Disbursement  
Email Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VTDG0AEC01**

Amount of Each Disbursement this Period

38.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Google LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2020

Mailing Address 1600 Amphitheatre Pkwy

City  
Mountain ViewState  
CAZip Code  
94043-1351Purpose of Disbursement  
Email Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VTDG0AEC01**

Amount of Each Disbursement this Period

57.24

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

179.23

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name (Last, First, Middle Initial)

**A. Berlin Rosen, Ltd.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2020

Mailing Address 15 Maiden Ln  
Ste 1600City  
New YorkState  
NYZip Code  
10038-5111Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTDG0AEBY

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BLDG Management Co. Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		26		2020

Mailing Address 417 5th Ave  
Fl 4City  
New YorkState  
NYZip Code  
10016-2239Purpose of Disbursement  
Rent

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTDG0AEBY

Amount of Each Disbursement this Period

1670.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cooper, DaMareo, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2020

Mailing Address 774 Fuller St

City  
AkronState  
OHZip Code  
44306-2518Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTDG0AEBY

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

19670.65

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name (Last, First, Middle Initial)

**A. Kerry Mitchell Brown, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2020

Mailing Address 1000 W Washington Blvd  
Unit 146City  
ChicagoState  
ILZip Code  
60607-2148Purpose of Disbursement  
Research Consulting Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTDG0AEBYI

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Normington, Petts & Associates**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2020

Mailing Address 1100 H St NW  
Ste 900City  
WashingtonState  
DCZip Code  
20005-5954Purpose of Disbursement  
Polling Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTDG0AEBYI

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Nubia Scott-Bennett**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2020

Mailing Address 1230 Croes Ave  
19-HCity  
BronxState  
NYZip Code  
10472-4536Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTDG0AEBYI

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

18000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name (Last, First, Middle Initial)

**A. Pace, Jessica, L, ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2020

Mailing Address 7630 Carleton Ave

City  
Saint LouisState  
MOZip Code  
63130-1620Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C**

Transaction ID : VTDG0AEBYI

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shropshire, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		04		2020

Mailing Address 380 Summit Ave

City  
Mount VernonState  
NYZip Code  
10552-2206Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C**

Transaction ID : VTDG0AEBYI

Amount of Each Disbursement this Period

6250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Shropshire, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2020

Mailing Address 380 Summit Ave

City  
Mount VernonState  
NYZip Code  
10552-2206Purpose of Disbursement  
Strategic Consulting Services

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

**C**

Transaction ID : VTDG0AEC6

Amount of Each Disbursement this Period

6250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

16500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name (Last, First, Middle Initial)

**A. The Pivot Group Inc.**Mailing Address 1509 16th St NW  
FI 3City  
WashingtonState  
DCZip Code  
20036-1461Purpose of Disbursement  
Website Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
05		22		2020

FEC Identification Number

**C****Transaction ID : VTDG0AEBYI**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

59851.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Black PAC**

Full Name (Last, First, Middle Initial)

**A. Virginia Coalition for Progressive Values**Mailing Address 530 E Main St  
Ste 600City  
RichmondState  
VAZip Code  
23219-2431Purpose of Disbursement  
Donation

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2020

FEC Identification Number

**C**

Transaction ID : VTDG0AEBY

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

375.00

375.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 24 OF 27

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Black PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Berlin Rosen, Ltd.**

Nature of Debt (Purpose):

Strategic Consulting Services

Mailing Address 15 Maiden Ln  
Ste 1600City  
New YorkState  
NYZip Code  
10038-5111

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTBHG9HAQV2

Amount Incurred This Period

15000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Break Something Inc.**

Nature of Debt (Purpose):

Digital Advertisements - Estimate

Mailing Address 1701 Rhode Island Ave NW  
FI 5City  
WashingtonState  
DCZip Code  
20036-3040

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTBHG9HAQS6

Amount Incurred This Period

33750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Break Something Inc.**

Nature of Debt (Purpose):

Digital Advertisements - Estimate

Mailing Address 1701 Rhode Island Ave NW  
FI 5City  
WashingtonState  
DCZip Code  
20036-3040

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTBHG9HAQT4

Amount Incurred This Period

6408.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6408.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

55158.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 25 OF 27

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Black PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Perkins Coie, LLP

Nature of Debt (Purpose):

Legal &amp; Compliance Services

Mailing Address 1201 3rd Ave  
Ste 4900City  
SeattleState  
WAZip Code  
98101-3095

Outstanding Balance Beginning This Period

36033.86

Transaction ID : VTBHG9HAQE9

Amount Incurred This Period

10661.16

Payment This Period

0.00

Outstanding Balance at Close of This Period

46695.02

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

46695.02

2) TOTALS This Period (last page this line number only)..... ►

101853.02

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

101853.02

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 26 OF 27  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black PAC</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00609388	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>76 Words</b>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">05 / 22 / 2020</span>		
Mailing Address 926 N St NW Rear			Amount <span style="border: 1px solid black; padding: 2px;">7500.00</span>		
City Washington		State DC	Zip Code 20001-4485		Transaction ID : VTDG0AEBVY3
Purpose of Expenditure Digital Production		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">05 / 26 / 2020</span>	
Name of Federal Candidate: Trump, Donald, J., ,			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">47658.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Break Something Inc.</b>			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">05 / 22 / 2020</span>		
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount <span style="border: 1px solid black; padding: 2px;">6408.00</span>		
City Washington		State DC	Zip Code 20036-3040		Transaction ID : VTDG0AEBVZ1
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type <span style="border: 1px solid black; padding: 2px;"> </span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate: Trump, Donald, J., ,			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">47658.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">7500.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"> </span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"> </span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Shropshire, Adrianne, R., ,</i>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">06 / 19 / 2020</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 27 OF 27  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Black PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00609388</span> </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <b>Break Something Inc.</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1701 Rhode Island Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">33750.00</div>		
City Washington	State DC	Zip Code 20036-3040	<b>Transaction ID : VTDG0AEBW09</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Digital Advertisements - Estimate		Category/ Type	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Name of Federal Candidate: Trump, Donald, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">47658.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2020		

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure		Category/ Type	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2020		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures .....	▶	7500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature